

APPLICATION FOR MOBILE FOOD UNIT/PUSHCART LICENSE

Return application and payment to:

DEPT OF INSPECTIONS AND APPEALS
FOOD & CONSUMER SAFETY BUREAU
LUCAS BLDG - 321 E 12TH ST
DES MOINES, IA 50319

Phone : (515)281-6538

Date Of Application : _____

Type of Application : ☐ NEW ☐ RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued ? ☐ Yes ☐ No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) ☐ Public water supply

☐ Private Well

License # :

Exp Date :

Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : _____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : _____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : _____ Partnership*: _____ Corporation*: _____

*(Complete next section for partners or corporate officers.)

Name : _____ Title : _____ Name : _____ Title : _____

Address : _____ Address : _____

City : _____ State : _____ Zip : _____ City : _____ State : _____ Zip : _____

Iowa Code Section 137F.1 defines a "mobile food unit" as : a food establishment that is readily movable, which either operates up to three (3) consecutive days at one location or returns to a home base of operation at the end of each day.

"Pushcart" means a non-self propelled vehicle food establishment limited to serving nonpotentially hazardous foods, commissary-wrapped food maintained at proper temperatures, or limited to the preparation and serving of frankfurters.

Please list the name and address of the home base for the mobile food unit or pushcart :

Name : _____

Address : _____

Is this site licensed as a Food Service Establishment or a Retail Food Establishment ? ☐ Yes ☐ No

If yes, provide the Food Service Establishment or Retail Food Establishment license number : _____

License Fee Structure : 27.00

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

Make Check or Money Order Payable to :

DEPT OF INSPECTIONS AND APPEALS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY

CK # : _____

\$: _____

CK Date : _____